

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3046

State File No. 1896

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY OR TOWN California, Mo.		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN California R.R. #1		0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital				d. STREET ADDRESS (If rural, give location) Rural Walker R.R. #1			
3. NAME OF DECEASED (Type or Print) LIZZIE G. LONG		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Jan. 15. 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 26, 1872		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Moniteau County 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Jordan		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Walter Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Long, California, Mo. R.R. #1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis; DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days   331 X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE No (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury.			
22. I hereby certify that I attended the deceased from Aug 1, 1950, to Jan 15, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE D.L. Latham M.D.		(Degree or title)		23b. ADDRESS California		23c. DATE SIGNED 1-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/17/51		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Olean, Miller, Mo.	
DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE H.R. Popejoy 202		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, California, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-24-51

DISTRICT HEALTH OFFICE No. 2

District File Number .....

Date Filed 1-24-51

1951  
FEB

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed .....

Student Embalmer

Signed

*Hugh E. Williams*

Licensed Embalmer No. 3537

P. O. Address

*California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.